

Fee-for-Service Behavioral Health

Indiana Health Coverage Programs
DXC Technology
Annual Provider Seminar – October 2019



Agenda

- Overview
- Updates
- Crisis Intervention, Intensive Outpatient (IOT), Peer Recovery Services
- Outpatient Services
- Inpatient Services
- Other Services
- Helpful Tools
- Questions

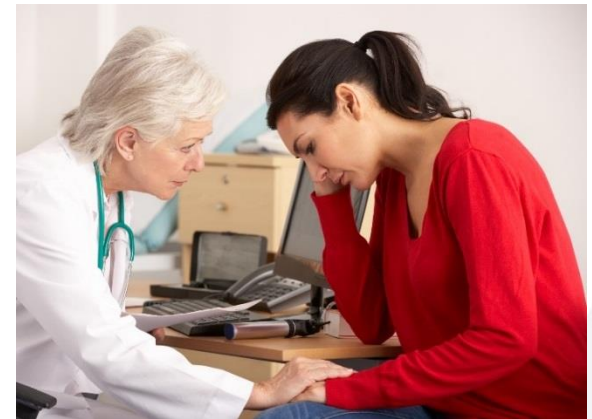


Overview



Overview

- The Indiana Health Coverage Programs (IHCP) provides coverage for inpatient and outpatient behavioral health services, including substance abuse treatment services.
- Reimbursement is available for services provided by:
 - Licensed Physicians
 - Psychiatric hospitals
 - General hospitals
 - Psychiatric residential treatment facilities (PRTFs)
 - Other residential facilities
 - Outpatient mental health facilities
 - Health Service Providers in Psychology (HSPPs)
 - Advanced practice registered nurses (APRNs)
 - Physician Assistants (PAs)
 - Mid-level practitioners



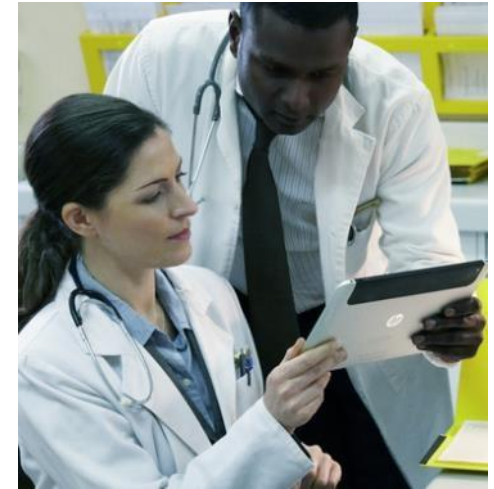
Overview

- Most services are “carved in” to managed care plans
- “Carved-out” and excluded services:
 - Medicaid Rehabilitation Option (MRO)
 - 1915(i) home and community-based services (HCBS)
 - Adult Mental Health Habilitation (AMHH)
 - Behavioral and Primary Healthcare Coordination (BPHC)
 - Child Mental Health Wraparound services (CMHW)
 - Psychiatric Residential Treatment Facility (PRTF)
 - Long-term care services in nursing facility or ICF/IID (Intermediate Care Facility for Individuals with Intellectual Disabilities)
 - Inpatient services in state psychiatric facility (590 Program)
 - HCBS waiver services
- Members may self-refer; a referral from a member’s primary medical provider (PMP) is not required.



Primary Care Services in CMHCs

- Community mental health centers (CMHCs) may provide primary care services.
- Services must be within the provider's scope of practice.
- Physicians, APRNs and PAs can serve as PMPs and maintain panels with the managed care entity (MCE).
- Primary and behavioral health services may be reimbursed for the same dates of service (DOS) when services are rendered by appropriate provider and visits are for distinct purposes.
- National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) edits apply.



Updates



Additional Providers Who Can Supervise Plan of Treatment

- The IHCP implemented *House Enrolled Act 1175 (2019)*
- Allows additional providers to supervise a plan of treatment for outpatient mental health or substance use disorder (SUD) treatment services
- Applies retroactively for DOS on or after July 1, 2019
 - For APRN, retroactive to July 1, 2016
- Includes
 - LCSW (licensed clinical social worker)
 - LMHC (licensed mental health counselor)
 - LCAC (licensed clinical addiction counselor)
 - LMFT (licensed marriage and family therapist)
 - APRN (advanced practice registered nurse)
- Refer to [BT201943](#).



Rendering Provider Profiles

- The IHCP requires rendering providers to include their Social Security number (SSN) as their taxpayer identification number (tax ID) and their date of birth in their IHCP provider profile.
- These data elements must be on file with the IHCP to establish an IHCP Provider Healthcare Portal (Portal) account.
- Rendering providers who enrolled with the IHCP before February 13, 2017, or who used a group provider's tax ID for their IHCP enrollment, must update their provider profiles to include this information.
- Refer to [BT201931](#).
- Due to the delay in the centralized enrollment/credentialing project, rendering providers do not have to register to use the Portal at this time. However, it is still recommended.



CMHCs Reimbursed for Interns

- Effective January 1, 2019, to address the shortage of mental health professionals in Indiana, the IHCP will allow reimbursement for services provided by interns in the community mental health center (CMHC) setting.
- CMHCs associated with hospitals may not bill separately for intern services.
- The intern must be a graduate or postgraduate student currently enrolled in an accredited college or university program and must be approved by the college or university to work as an intern or practicum student at a CMHC.
- Bill on a *CMS-1500* professional claim using the supervising practitioner's rendering provider number, with HL modifier.
 - Reimbursement is at 50% of the fee schedule amount
- Refer to [BT201859](#).



SUD Prior Authorization Requests

- Effective July 31, 2019, the IHCP amended its prior authorization (PA) attachments policy specific to substance use disorder (SUD) Provider Healthcare Portal (Portal) electronic PA requests.
- Providers can submit the required attachment information electronically through the Portal.
- This SUD PA form will still be accepted via fax or mail.
 - [Residential/Inpatient Substance Abuse Disorder Treatment Prior Authorization Request Form](#)
- Refer to [BR201926](#).



Psychotherapy, Evaluation/Management on Same Day

- Psychotherapy performed by a mid-level practitioner, and E/M (Evaluation/Management) performed by a psychiatrist/physician, may be done on the same day.
- Procedure codes 90833, 90836, and 90838 for psychotherapy with medical evaluation and management are *medical* services, and therefore cannot be billed by a mid-level (except APRN's).
- In these circumstances, it is appropriate to bill the stand-alone psychotherapy service codes with the mid-level modifier, and for the supervising practitioner to bill the E/M service.
- The mid-level modifier will override the applicable NCCI PTP (National Correct Coding Initiative Procedure-to-Procedure) edit.
- Refer to [BR201912](#).



Behavioral Health and ABA Documentation Guidelines

- The IHCP has web-based [Program Integrity Provider Education Training](#) available to all providers.
- The Program Integrity provider training titled, [Behavioral Health and ABA Documentation Guidelines](#), is now available.
- The purpose of this training is to define requirements and best practices for documenting behavioral health and applied behavioral analysis (ABA) services.
- By the end of the course, providers should be able to:
 - Describe the importance of proper behavioral health documentation
 - Define the requirements for behavioral health and ABA documentation
 - Identify the best practices for behavioral health and ABA documentation
 - Identify effective behavioral health documentation self-auditing practices
- Refer to [BR201907](#)



Crisis Intervention, Intensive Outpatient Treatment (IOT), Peer Recovery Services



Modification of Services

- Effective July 1, 2019, the IHCP modified the coverage of crisis intervention, intensive outpatient treatment (IOT), and peer recovery services.
- These services are no longer considered MRO services.
- These services are no longer carved out of managed care plans.
- Refer to [BT201929](#).



Provider Qualifications

- Crisis intervention and IOT may be delivered by:
 - Licensed professional
 - QBHP (qualified behavioral health professional)
 - OBHP (other behavioral health professional)
- Peer recovery services must be delivered by individuals certified in peer recovery services per the Division of Mental Health and Addiction (DMHA) standards, and must be performed under the supervision of a licensed professional or a qualified behavioral health professional (QBHP).



Prior Authorization

- Crisis intervention does not require prior authorization.
- IOT services require prior authorization.
- Peer recovery services are available without prior authorization up to 365 hours (1,460 units) per rolling 12-month period.
 - Additional units may be authorized via the PA process.

Billing Guidelines – Procedure Codes

- **H0015 - Alcohol and/or drug services; intensive outpatient** (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education.
 - HW U1 modifier no longer required
- **H0038 - Self-help/peer service**, per 15 minutes
 - HW modifier no longer required
- **H2011 - Crisis intervention** service, per 15 minutes
- **S9480 - Intensive outpatient psychiatric services**, per diem



IOT Billing Guidelines – Revenue Codes

- **905-** Behavioral health treatments/services – intensive outpatient services-psychiatric
- **906** - Behavioral health treatments/services – intensive outpatient services-chemical dependency
 - Procedure codes are not allowed when billing revenue codes 905 or 906.
 - Services will be considered stand-alone and will be reimbursed a flat rate per day.
 - For crisis intervention and peer recovery services, facility charges may be billed on an institutional claim (*UB-04*), using national coding guidelines.



Outpatient Services

Outpatient Services

- PA is required for certain services that exceed 20 units per member, per provider, per rolling 12-month period.
- Procedure codes subject to 20 units per rolling year:
 - 90832-90834
 - 90836-90840
 - 90845-90853
 - 90899
- Physician/HSP/APRN-directed services for group, family, and individual psychotherapy may be provided by mid-level practitioners who are not separately enrolled.



Physician/HSP/APRN Supervision Requirements

- Responsible for certifying the diagnosis and supervising the plan of treatment
- Must be available for emergencies
- Must see the patient or review the information obtained by the mid-level practitioner within seven days of the intake process
- Must see the patient again or review the documentation to certify the treatment plan and specific treatment modalities at intervals not to exceed 90 days
- All reviews must be documented in writing; a co-signature is not sufficient.



Mid-level Services



- Mid-level services are billed using the supervising practitioner's NPI.
- An appropriate modifier should be used; reimbursed at 75% of allowable fee.
- APRNs who bill for services for members on their primary care panel must use their own NPIs.

Mid-level Practitioners

- Licensed psychologist
- Licensed independent practice school psychologist
- Licensed clinical social worker (LCSW)
- Licensed marriage and family therapist (LMFT)
- Licensed mental health counselor (LMHC)
- Licensed clinical addiction counselor (LCAC)
 - Services limited to those listed in [BR201730](#)
- A person holding a master's degree in social work, marital and family therapy, or mental health counseling
- An advanced practice nurse (APN) who is a licensed, registered nurse holding a master's degree in nursing, with a major in psychiatric or mental health nursing, from an accredited school of nursing



Psychological Testing

- All neuropsychology and psychological testing requires PA.
- PA must be provided by physician/HSPP/APRN:
 - 96101 PSYCHO TESTING BY PSYCH/PHYS
 - 96110 DEVELOPMENTAL SCREEN W/SCORE
 - 96111 DEVELOPMENTAL TEST EXTEND
 - 96118 NEUROPSYCH TST BY PSYCH/PHYS
- May be provided by mid-level under supervision:
 - 96102 PSYCHO TESTING BY TECHNICIAN
 - 96119 NEUROPSYCH TESTING BY TEC



Psychiatric Diagnostic Interview Examinations



- One unit per member per provider per rolling 12-month period; no PA required
 - 90791, 90792
- Additional units require PA; exception:
 - Two units allowed when member is separately evaluated by physician/HSPP/APRN, and mid-level practitioner

Same-Day Services

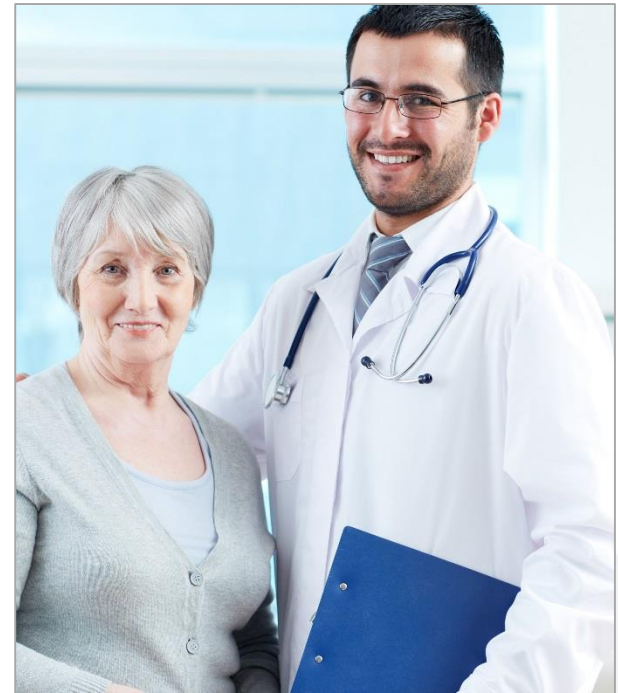


- Psychiatric services (90785-90899) and health and behavioral assessment or intervention (96150-96155) may be required on same day.
- Report the predominant service performed.
- Codes for the two different services cannot both be billed on same day.



Psychiatric Diagnostic Evaluations

- Psychiatric diagnostic evaluations (90791 and 90792) may be reported more than once per day.
- Cannot be billed on the same day as an E/M service performed by the same healthcare professional.
- Psychotherapy services, including for crisis, may not be billed on the same day as 90791 and 90792.



Annual Depression Screening

- The IHCP covers procedure code G0444 – *Annual depression screening, 15 minutes*.
- Service is limited to one unit per member, per provider, per rolling 12-month period.
- PA is not required.
- Providers are expected to use validated, standardized tests for the screening.

ABA Therapy

- The IHCP provides coverage for applied behavioral analysis therapy for the treatment of autism spectrum disorder (ASD) for members 20 years of age and younger.
- ABA therapy is the design, implementation, and evaluation of environmental modification using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the direct observation, measurement, and functional analysis of the relations between environment and behavior.
- Refer to [BT201867](#), and [BR201915](#).



Outpatient Mental Health Hospital Services

- Hospitals bill for “facility use” associated with outpatient mental health hospital services.
- Billed on a *UB-04* form, Provider Healthcare Portal institutional claim, 837I electronic transaction
- Individual, group, and family counseling procedure codes should be used with:
 - Revenue code 513 (for DOS before March 15, 2018)
 - Revenue codes 900, 907, 914, 915, 916, 918 (for DOS after March 14, 2018) – See IHCP provider banner page [BR201807](#).
- Can be reimbursed for up to two individual sessions and one group session on the same day
- Reimbursement is based on statewide flat fee amount.



Community Health Workers

- The IHCP covers CHW services when the CHW meets certification requirements, is employed by an IHCP-enrolled billing provider, and renders the service under the supervision of a qualifying IHCP-enrolled provider type.
- The supervising provider should be indicated as the rendering provider on the claims.
- The CHW worker's name must be included in the claim note.
- Refer to [BT201826](#).

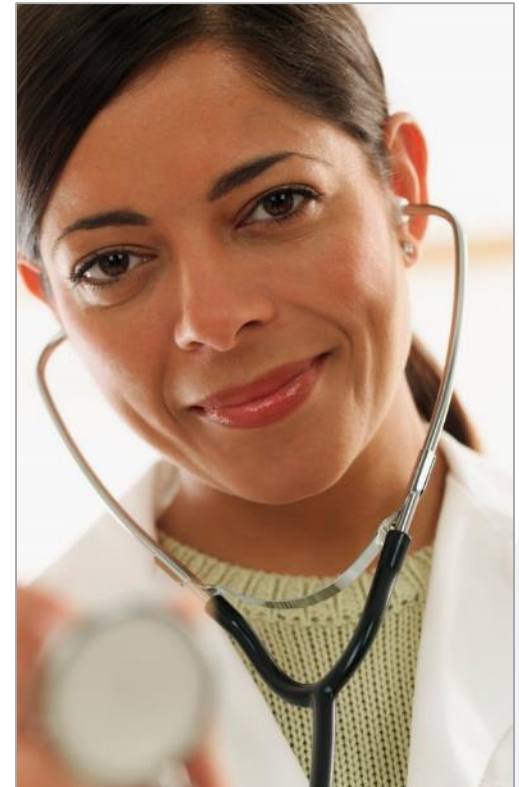
Inpatient Services

Inpatient Services

- Available in freestanding psychiatric hospitals or psychiatric units of acute care hospitals with 16 beds or less; no age restrictions
- Available in freestanding psychiatric hospitals or psychiatric units of acute care hospitals with 17 beds or more (including institutions of mental disease) only for individuals under 21 or over 64, UNLESS the individual has a primary SUD diagnosis.
 - SUD waiver allows inpatient residential SUD treatment for members 21 through 64 years of age, regardless of the size of the facility
 - SUD waiver applies to FFS and managed care members
 - Residential SUD treatment requires enrollment as provider type 35/836 (Addiction Services/SUD Residential Addiction Facility).
 - See [BT201801](#).
- All admissions require PA.

Inpatient Reimbursement

- Inpatient psychiatric services reimbursed on an all-inclusive per diem level of care (LOC).
 - If DRG 740, 750-760
- Substance abuse and chemical dependency admissions reimbursed on diagnosis-related group (DRG).
- Services excluded from LOC per diem and DRG, and billed separately on a *CMS-1500* professional claim form:
 - Direct-care services of physicians, including psychiatric evaluations
 - E/M rounding



Change in Coverage During Stay

- Coverage can change during the stay – for example, from FFS to managed care, or from one MCE to another.
 - If LOC reimbursement, each plan is responsible for its own days
 - If DRG reimbursement, the plan in effect on the day of admission is responsible for all days



Other Services



Partial Hospitalization

- Partial hospitalization programs are highly intensive, time-limited medical services intended to provide a transition from inpatient psychiatric hospitalization to community-based care or, in some cases, substitute for an inpatient admission.
- The program is highly individualized, with treatment goals that are measureable, functional, time framed, medically necessary, and directly related to the reason for admission.
- Programs must include *four to six hours* of active treatment per day and must be provided at least *four days a week*.

Psychiatric Residential Treatment Facility (PRTF)

- The IHCP reimburses for medically necessary services provided to children younger than 21 years old in a psychiatric residential treatment facility (PRTF).
- All PRTF services require PA.
- Admission criteria:
 - The mental disorder is severe.
 - Family functioning or social relatedness is seriously impaired.
 - The illness must be of a subacute or chronic nature.
 - The member's behavior has disrupted his or her placement in the family, school, or in a group residence
 - The disorder impairs safety, such as threat to harm others.



Expanded Inpatient Substance Use Treatment

- Inpatient coverage expanded for:
 - Opioid use disorder (OUD)
 - Other substance use disorder (SUD)
- For members age 21 through 64 in institutions for mental disease (IMDs)
- IMDs are psychiatric hospitals (provider type 01 and provider specialty 011) with 17 or more beds.
- Up to 15 days in a calendar month
- Reimbursed on DRG methodology



Residential Substance Abuse Treatment

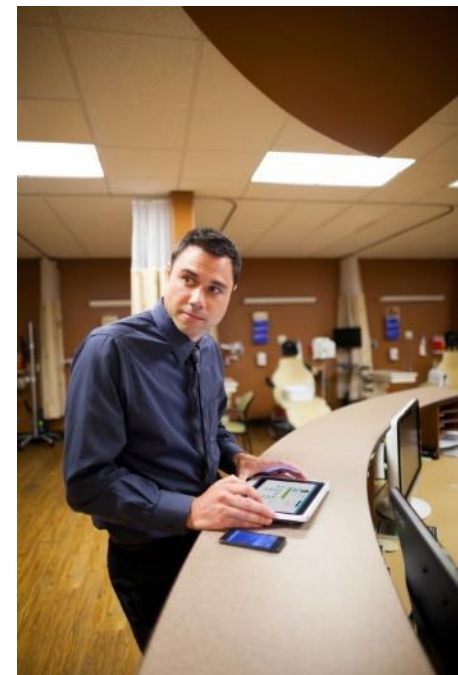


- Short-term, low- and high-intensity residential treatment, with average length of 30 calendar days
- In settings of all sizes, including IMDs
- PA required for all stays
- Reimbursed on per diem basis:
 - H2034 U1 or U2 – Low-intensity residential treatment
 - H0010 U1 or U2 – High-intensity residential treatment



Residential Substance Abuse Treatment

- Billed on *CMS-1500* professional claim
- Physician visits and physician-administered medications are reimbursed outside the per diem rate.
- Not eligible for HAF (Hospital Assessment Fee) payments
- Requires new enrollment as billing provider:
 - Provider type 35 – Addiction Services
 - Provider specialty 836 – SUD Residential Addiction Treatment Facility
- Requires Division of Mental Health and Addiction (DMHA) certifications



Opioid Treatment Program - Enrollment

- OTPs that want to bill for the administration of methadone and other related services must enroll:
 - Provider type 35 – Addiction Services
 - Provider specialty 835 – Opioid Treatment Program
- Must have:
 - Drug Enforcement Administration (DEA) license
 - DMHA certification
- PA is not required.



OTP Bundled Rate

- Reimbursement is on a daily bundled rate (H0020) and includes:
 - Oral medication administration, direct observation, daily
 - Methadone, daily
 - Drug testing, monthly
 - Specimen collection and handling, monthly
 - Pharmacologic management, daily
 - One hour of case management per week
 - Group or individual psychotherapy, as required by the DMHA
 - Hepatitis A, B, and C testing, as needed
 - Pregnancy testing, as needed
 - One office visit every 90 days
 - Tuberculous testing, as needed
 - Syphilis testing, as needed
 - Complete blood count, as needed



Helpful Tools

Helpful Tools

Provider Relations Consultants



REGION	FIELD CONSULTANT	EMAIL	TELEPHONE	COUNTIES SERVED
Illinois Michigan	1 Jean Downs	INXIXRegion1@dxc.com	(317) 488-5071	Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Whitley Chicago, Watseka Sturgis
	2 Shari Galbreath	INXIXRegion2@dxc.com	(317) 488-5080	Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware Fountainm Grant, Howard, Hutington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White Danville
Illinois	3 Crystal Woodson	INXIXRegion3@dxc.com	(317) 488-5324	Boonem Hamilton, Hendricks, Johnson, Marion, Morgan
Kentucky	4 Ken Guth	INXIXRegion4@dxc.com	(317) 488-5153	Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderbirgh, Vermillion, Vigo, Warrick Owensboro
	5 Virginia Hudson	INXIXRegion5@dxc.com	(317) 488-5186	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Hancock, Henry, Jackson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington, Wayne Louisville Cincinnati, Harrison, Hamilton, Oxford
Kentucky Ohio	Judy Green		(317) 488-5026	All other out of state areas not previously listed
Team Lead	Jenny Atkins		(317) 488-5032	

Helpful Tools

IHCP website at in.gov/medicaid/providers:

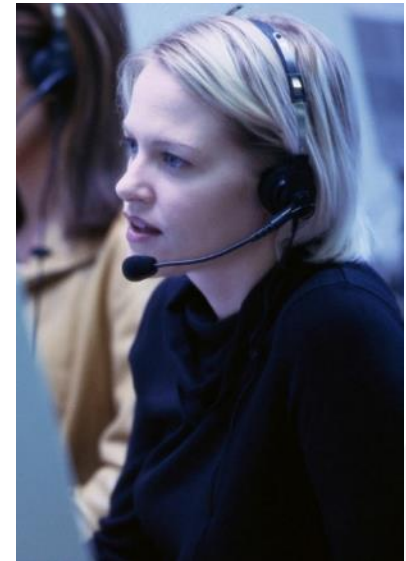
- *IHCP Provider Reference Modules*
- *Medical Policy Manual*
- Contact Us – Provider Relations Field Consultants

Customer Assistance available:

- Monday – Friday, 8 a.m. – 6 p.m. Eastern Time
- 1-800-457-4584

Secure Correspondence:

- Via the Provider Healthcare Portal
(After logging in to the Portal, click the **Secure Correspondence** link to submit a request)



Questions

Following this session, please review your schedule for the next session you are registered to attend.



Session Survey

Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.



<https://tinyurl.com/fssa1050>

